CSS 2017-2021

Monitoring and Evaluation Framework

About this document

The Final Evaluation of the CCS 2012-2016, acknowledges the lack of formal M&E framework for the CSS. Based on this recommendation, a strong monitoring and evaluation framework linking activities to clear objectives with robust feasible indicators has been developed for the CCS 2017-2021. As stated in the Letter of Agreement and the Friday 2nd December Executive Committee Meeting, WCO was appointed with the responsibility of developing this M&E framework, and has done so in consultation with M&E experts and headquarters advisors. This new M&E mechanism will be embedded into the Thailand CCS 2017-2021 governance structure ensuring continuous participation of all stakeholders and will be applied to the six 2017-2021 Priority Programmes. The CCS M&E encompasses real-time, continuous implementation monitoring at operational level by the six programme Sub-committees, followed by formal evaluations that will be carried out at the mid-point and at the end of the programme cycle.

This framework outlines the methodology through which all Programme Sub-committees monitor and evaluate CCS Priority Programmes for the 2017-2021 period. It aims to be an adaptable framework that homogenizes M&E mechanisms for all Priority Programmes taking in account and accommodating individual programme needs and hence providing a reliable source of trackable information while allowing modifications for timely improvement. Monitoring should not be viewed as a burden, but as an opportunity to improve efficiency and quality of the ongoing programmes and a space for creative problem management. This document consists of the following:

- Chapter I: An introductory chapter where the basic conceps are explained. Firstly, a Theory of Change is presented for the current CSS and sets the foundation for the M&E processes. Secondly, the governance of the CCS and its Priority Programmes is described with its accountability structure and the division of responsibilities.
- Chapter II: Provides specific M&E mechanisms, as well as the indicators for each Priority Programme which is essential for monitoring. The timeline of M&E processes and the specific scheduled meetings and evaluation dates are also detailed.
- Chapter III: Explains the mainstreaming of Gender, Equity and Human Rights.
- Annexes: Includes official and Governmental documents referred to in the text, as well as the report templates and predetermined agenda for meetings.

CCS Governance

A Letter of Agreement (LOA) CCS 2017-2021 has been signed on August 15, 2017 by six participating agencies - funding organizations - that contribute their social, intellectual and financial capital signed (Annex 1). These agencies are:

- World Health Organization (WHO)
- Ministry of Public Health (MoPH)
- National Health Security Office (NHSO)
- Thai Health Promotion Foundation (THPF)
- Health Systems research Institutes (HSRI)
- National Health Commission Office (NHCO)

The M&E will assess the contribution of these organizations and the implementing Lead Agencies to national development outcomes and priorities, highlighting national ownership and their social and intellectual capital.

Financial matters will be handled by the Lead Agencies or a public/non-for-profit private agency assigned by the Lead Agency (Contracting Agency) as indicated in table 1. These agencies are responsible for implementing the Priority Programmes. Each programme will be associated to a Lead Agency which will establish a Priority Programme Account and facilitate an independent and financial audit once a year.

No.	Priority Area	Lead Agency	Contacting Agency	Programme Manager
1.	NCDs	Department of Disease Control, MOPH	Department of Disease Control, MOPH	Dr Direk Khumpan
2.	Road Safety	Thai Health Promotion Foundation	Road Safety Foundation	Dr Wiwat Sitamanote
3.	AMR	The Thai Food and Drug Administration, MOPH	The Food and Drug Administration Foundation	Dr (Pharma) Nitima Soompradit
4.	Migrants	Health System Research Institute	Health System Research Institute	Ms Boonyawee Aua-siriwan
5.	GHD	Global Health Division, Office of the Permanent Secretary, MOPH	International Health Policy Programme Foundation	Dr Attaya Limwattanayingyong
6.	ITH	International Health Policy Programme, , MOPH	International Health Policy Programme Foundation	Dr Cha-em Patchanee

Table 1. Lead Agencies and Contacting Agencies for each Priority Programme.

The importance of M&E

When developing and implementing CCS priority projects, many important questions arise: are the intended results being achieved? Are impacts attained in a timely manner? How can lessons be learnt to improve future activities? Are we making a difference? In order to answer these questions a robust monitoring and evaluation system must be set up and implemented. Monitoring and evaluation (M&E) of CCS activities will provide WHO, government officials, Programme Managers, and civil society with better means of tracking progress, learning planning and demonstrating results thus ensuring accountability.

Monitoring provides the management and main stakeholders of an ongoing intervention with early indications of progress, in the achievement of results. Evaluation, on the other hand is the systematic and objective assessment of an on-going or completed project, program, or policy, and its design, implementation and results. While monitoring provides real-time information required by management, evaluation provides more in-depth assessment.

This M&E framework will contribute toward an M&E culture in all programmes and projects and in the WHO country office and the respective MOPH counterparts and will set the stage for moving toward Impact Management by merging M&E processes with everyday decision making, rendering immediate adjustments and maximally efficient corrections. The idea of Impact Management is based on dynamic use of data and breaks with the static concept of yearly evaluations to generate meaningful insights in real time.

Chapter I

1. The Theory of Change

The Theory of Change is a graphical representation of the WCO Thailand vision that sets the basis for the CCS 2017-2021 and the concrete actions/policies that stem from it.

It breaks down the factors that converge toward attainment of long term objectives, starting with the basic inputs such as the different WHO levels and other stake holders, like the Ministry of Public Health or other UN agencies. These support the core actions of the organization that include leadership, technical support or the monitoring of health outcomes, to be applied to the six specific priority programmes (1) Non-communicable Diseases; 2) Road Safety; 3) AMR; 4) Migrant health; 5) International Trade and Health and; 6) Global Health Development); but also to the unfinished agenda and other major health challenges such as TB or climate change. All activities produce specific outcomes for each area of focus as well as other general objectives such as knowledge generation and dissemination, and gains in health outcomes. Outcomes and activities are aligned with international conventions, treaties and resolutions.

National SDG targets act as a compass for the theory of change while taking into account Gender, Equity and Human Rights considerations thus leaving no one behind.

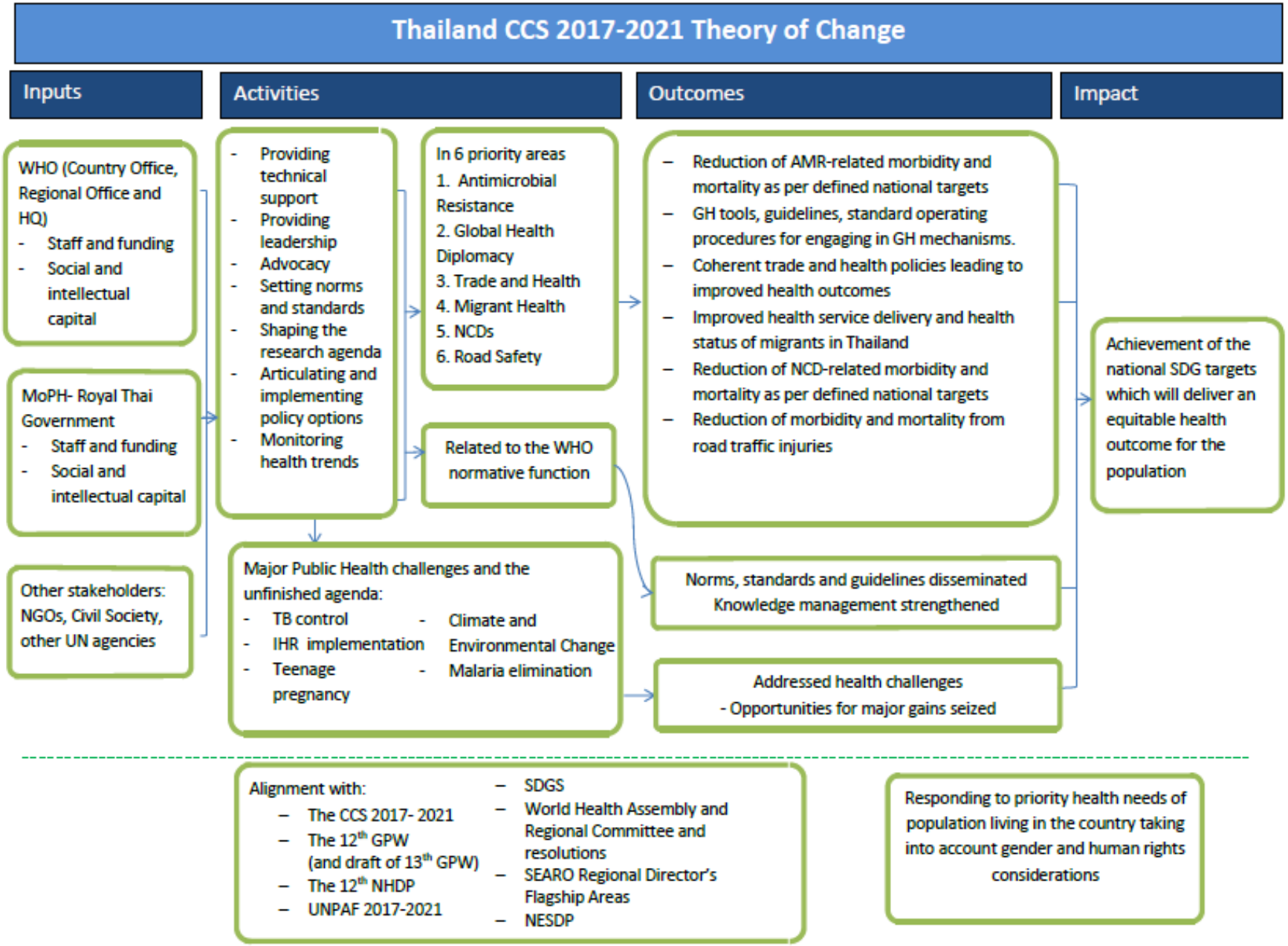

Figure 1. The theory of change graphically contextualizes the relevant actors, focus areas and general thought process of the CCS 2017-2021

2. CCS Management Structure

The governance of the CCS applies the principles of financial and programmatic accountability; inclusiveness, involvement, ownership and participation by all stakeholders. The modalities also seek as much as possible to simplify programme management and oversight.

An Executive Committee supervises and monitors all six priority programmes and appoints a Coordinating Sub-committee and six Programme Sub-committees which are in charge of overseeing and steering each of the Priority Programmes. Each Priority Programme is managed by a Programme Manager that, at the same time, sits in the Coordinating Sub-committee.

- **The Executive Committee:** Is the overall oversight body for the six programmes which consists of WHO and the main public health agencies of the Royal Thai Government (RTG).
- **The Coordinating Sub-committee:** Is responsible of coordinating, monitoring and evaluating all Priority Programmes as well as providing advice and reporting results to the Executive Committee. WHO provides financial and technical support to the Coordinating Sub-committee. Because all Priority Programme Managers are members of the Coordinating Sub-committee, systemic problems occurring across all programmes can be identified and evaluated at this level, so programme adjustments of policy nature will be decided here.
- **The Programme Sub-committees**: are approved by the CCS Executive Committee for close oversight within the programme. These Sub-committees provide guidance and advice to the programme, approve annual plan and activities and financial administration, as well as monitoring and evaluating the programme. They include relevant Funding Organizations and partners and are appointed by the Executive Committee. The specific composition and organization of Programme Sub-committees can be seen in the CCS Executive Committee Orders to appoint individual Programme Sub-Committees as shown in Annex 2.
- **The Programme Manager**: Manages the day-to-day work of the Programme and work with the team to carry out the activities.

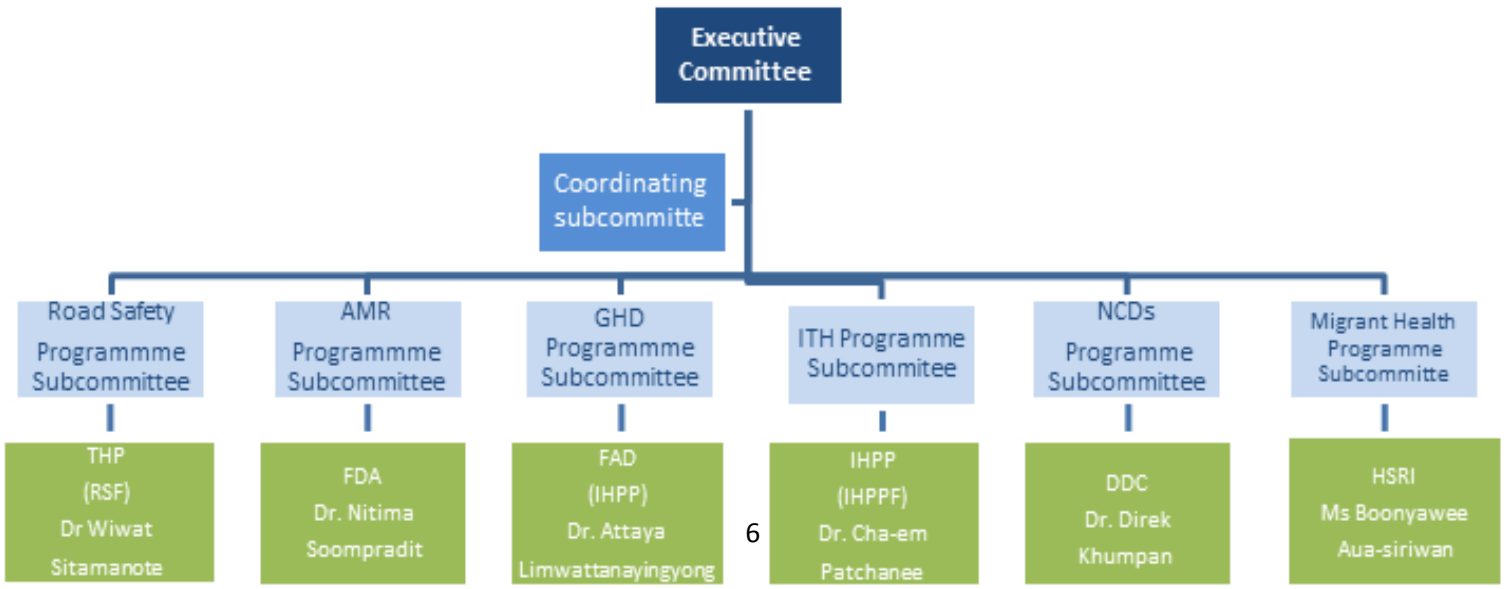

Figure 2. Graphical representation of the Governmental Structure

The core tasks of each Committee and Sub-committee are summarized in Table 2 and have been agreed upon by all stakeholders as can be seen in the CCS Executive Committee Order to appoint the Coordinating Sub-Committee (Annex 3) and the Order of the Ministry of Public Health to appoint the Executive Committee of the WHO-RTG Collaboration (Annex 4).

Committee	Chairs	Terms of Reference
Executive Committee	Ministry of Public Health WHO representative to Thailand	1. To formulate policy directions under WHO-RTG Collaborative Programmes and ensure alignment with and those of the Ministry of Public Health as well as the country's priority areas. 2. To approve programmes and budget and oversee programme implementation. 3. To identify other key national health issues or problems to guide development of additional programmes/ activities. 4. To arrange for an independent evaluation of programme implementation. 5. To report the meeting outcomes to the International Health Policy Committee that is chaired by the Ministry of Public Health. 6. To appoint Sub-committees as appropriate. 7. To proceed with other matters as assigned
Coordinating Sub-committee	Ministry of Public Health	1. To formulate a framework of activities for the WHO-RTG Coordinating Sub-committee. 2. To supervise and monitor progress and accomplishment of all Country Cooperation Strategies (CCS) Priority Programmes under the WHO-RTG Collaboration to be in line with set action plans and timeline, and ensure a monitoring and evaluation system for CCS. 3. To provide consultation and advice and support implementation of Priority Programmes. 4. To report progress, problems and obstacles in Priority Programme implementation, and provide recommendations to the Executive Committee. 5. To appoint Working Groups to support or conduct activities as delegated. 6. To conduct any other activities as delegated.
Programme Sub-committees		
Global Health Diplomacy	Ministry of public Health Permanent Secretary	1. To steer and make recommendations for the implementation the programme. 2. To monitor progress and outputs/outcomes of the programme. 3. To give advice on programme improvement and programme efficiency enhancement. 4. To proceed with other matters as assigned by the Executive Committee.
NCDs	Department of Disease Control	
Migrant Health	Social Security Office Health Systems Research Institute Permanent Secretary	
AMR	Food and Drug Administration Department of Disease Control Department of Medical Services Ministry of Agriculture and Credit Cooperatives	
Road Safety	Trauma and Critical Care Centre, Khon Kaen Hospital	
ITH	Ministry of Public Health Permanent Secretary	

Table 2. Terms of Reference and Chairs of the different Committees and Sub-committees.

Chapter II

3. Monitoring and Evaluation Methodology: Timeline & Objectives

An M&E timeline has been developed to allow for an efficient reporting mechanism and challenge-detection in a timely manner in order to bend straight the activities and plans implemented by the Programme Sub-committee. This is illustrated in Figure 3, where:

- All activities executed by external evaluation teams are pictured above the timeline arrow. These are a Mid-term Evaluation and a Final Evaluation, which will both yield a report to adjust ongoing actions and tailor the new CCS plan.
- Actions under the responsibility of the CSS 2017-2021 team figure inside and below the timeline arrow. This includes two levels of responsibility:
    - o Committee meetings: Executive Committee meetings preceded by Coordinating Sub-committee meetings and Programme Sub-committee meetings to regularly track activities and allow intersectional feedback.
    - o Reports: 1) Annual and final reports for Programme Sub-committees to submit to the Coordinating Sub-Committee which will deliver higher level feedback; 2) Coordinating Sub-Committee reports- based on the Programme Sub-committee reports- submitted to the Executive Committee.

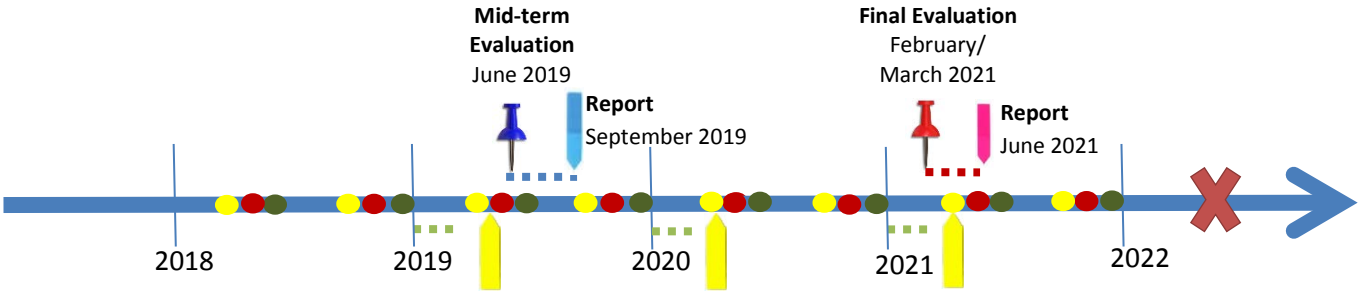

Figure 3. Meetings and evaluation timeline

Executive Meetings will take place in June and December every year. Coordinating Sub-committee meetings will be held two weeks before that (May and November). Although the number of Programme Sub-Committee meetings may vary for each Priority Programme, meetings should be held at least twice a year, two weeks before the Coordinating Sub-Committee (May and November).

Committee	1st meeting	2nd meeting
Programme Sub-committee	Fist two weeks of May	First two weeks of November
Coordinating Sub-committee	Last two weeks of May	Last two weeks of November
Executive Committee	First two weeks of June	First two weeks of December

Table 4. Committee Meeting timeline

4. Monitoring plan

Regular monitoring will determine whether CCS priorities and strategic focus areas are reflected in the work plan and how priorities are being carried out, and will ensure that core staff have appropriate competencies for delivering results in the focus areas. Regular monitoring is an early warning system to alert the Executive Committee of the need to refocus the workplan and adjust as feasible country office staffing patterns or seek additional technical support through contracting mechanisms or from Regional Office or Headquarters.

As part of a monitoring plan and timeline developed by the Coordinating Sub-committee, a plan has been proposed to all current CCS Priority Programmes to obtain information on their progress, discussing gaps and obstacles in regards to implementation. High quality monitoring facilitates the adequate subsequent evaluation.

Primary responsibility for monitoring the progress of each programme will be with the Programme Sub-committee.

A) Indicators and data source chart

This is based on output indicators, outcome indicators and overall impact indicators as seen in table 3. Various strategic objectives and the CCS 2017-2021 set the basis for specific activities that are the target of the subsequent monitoring and evaluation through these specific indicators. The Data Source for M&E is specified out of various number coded options: 1) Published national policies, strategies, declarations and plans, 2)governmental data system, specifying which particular one, 3)media reports, 4) meeting records, 5)internal records, 6)surveys and, 7)other, which has to be specified.

Output indicators	Baseline	Target	Results	Data Source
Objective 1				

Outcome indicators	Baseline	Target	Results	Data Source
Objective 1				

Impact indicators	Baseline	Target	Results	Data Source

Table 5. Indicator Table

Baseline, target and results data should be accompanied with a time element to make tracking of progress meaningful. Example:

Outcome indicators	Baseline	Target	Results	Data Source
Objective 3. Enhace policy implementation to reduce NCD risk factors				
% of 13 to 15-year-old girls in Thailand that use smoked and non-smoked tobacco	2015: 8.1%	2021: 5%	2018:?	1. Global Youth Tobacco Survey (GYTS)

Table 6. Indicator Table

It should be noted that specific indicators for Gender, Equity and Human Rights are present in all programmes, hence monitoring the mainstreaming of gender perspective and human rights and assessing the accountability, results, oversight, human and financial resources and capacity of each programme in this area. This is developed in section 4 of this document.

GER indicators	Baseline	Target	Results	Data Source

Table 7. GER Indicator Table

Next are the specific tables for each Priority Programme where the detailed indicators in alignment with particular strategic objectives are expanded.

TABLES

B) Guidance on the functioning of the Programme Sub-committee and Coordinating Sub-committee

As shown in Figure 3, Sub-committee meetings and reports are standardized in time but also in format for all six Priority Programmes. This will contribute to creating of an M&E culture. This is facilitated by report templates and institutionalized through pre-agreed meeting schedules with a pre-set agenda that become a regular part of the organizational calendar.

Committee meetings

- **Programme Sub-Committee meetings:** Minutes will be submitted to the Coordinating Subcommittee, the Global Health Division and WHO no later than seven calendar days after the meeting has taken place. These meetings can be based on a pre-set agenda as suggested in Annex 6 to allow for focused efficient and productive meetings. Meeting dates will be predefined at the beginning of the year. Length of meetings should not exceed two hours and points should be concise and comprehensible and actionable with clear indication of the people or organizations tasked with delivering the agreed by the committee actions.
- **Coordinating Sub-Committee meetings**: Responsibility for monitoring performance of the overall programmes will be with the Coordinating Sub-committee. The Coordinating Sub-Committee will look over the minutes and reports submitted by the six Priority Programmes in order to track progress. Minutes should be submitted to the Executive Committee, the Global Health Division and WHO no later than seven calendar days after the meeting has taken place. These meetings can also be based on a pre-set agenda as suggested in Annex 6.
- **Executive Committee meetings:** After having received the Coordinating Sub-committee minutes and report, the Executive Committee will perform an overall evaluation of the CSS progress and will decide on changes in strategy or any other relevant aspects to address the on-going challenges.

Programme single reporting

A report template for both the annual and final report is annexed to this document. It will address reporting of activities and the issues of implementation such as policy and implementation issues, lessons learnt and best practices obtained. There is also a section for a simple budget analysis, as the in-depth assessment will be done through and external audit. The core of the document is embodied by the tables of reporting indicators that mirror those in section 4.A of this framework. Finally, annexes to the report will include meeting minutes, copies of any document mentioned in the activities, publications, policy document strategies and other relevant documents.

- Annual report (Annex 7): submitted by the Lead Agency to the to the Coordinating Subcommittee, the Global Health division and the WHO no later than 3 months (31st March) after the end of the calendar year. It will be based on the indicator table previously explained in the monitoring and evaluation of each programme

subsection described in section 4.A. It will also include a description of the implemented activities, issues that arose from them, budget implementation and an annex with the minutes of the meetings held during the year.

Even though restrospective monitoring may not always be feasible for the activity that took place during 2017, before the *de facto* implementation of this guideline, it will be considered in the annual report for 2018, as well as in the mid-term and final evaluations.

- Final report (Annex 8): Final technical and financial reports will be submitted no later than three months (31th March) of the year following the financial closing of the fund/ programme. The final technical report will contain an assessment of both the last year of activities and an overall analysis of all the activities undergone in the CSS time expand. It is very similar to the annual report in structure, although it focuses on the most relevant activities and issues arisen as well as on output and impact indicators, lessons learnt and best practices implemented. This is in alignment with the knowledge bleeding between this report and the tailoring of the next CSS.

Coordinating Sub-committee consolidated report

The Coordinating Sub-committee will submit a consolidated report on the overall CSS situation to the Executive Committee by May 31st. This report will evaluate the completeness and general progress of the six reports previously submitted by the Priority Programmes. It will look at indicator progress and any relevant overall issues that have arisen during the previous year.

5. Evaluation

Evaluation generates the most critical and useful information in decision making. It allows in-depth judgement of alignment and harmonization with national, regional and global development, lessons learnt, suitability of resources invested and even anticipation of problems for future planning. For evaluation, the Coordinating Sub-committee will work in collaboration with an external evaluation team. The midterm evaluation will be conducted in June 2019 and the final evaluation will take place in February/March 2021, in order to allow sufficient time for the changes suggested to be embedded in the tailoring of the new CCS programme.

A) Mid-term Evaluation

A mid-term evaluation will be conducted in June 2019 by an independent external reviewer. It will focus on progress and barriers at the level of focus areas. The findings will enable mid-course corrections if needed. An emergency or other major event in the country may require revising the CCS 2017-2021. It has four main objectives:

- To review the progress, process, outputs and outcomes of the six Priority Programmes, plus selected topics for unfinished agenda. It specially focus on:
  - Channelling of funds into priority programmes.
  - Quality of the activities.
  - Relevance of activity in unfinished agenda.
- To identify lessons learnt from planning and implementation.
- To propose potential changes.

A final report will be produced and submitted to the Coordinating Sub-Committee.

B) Final Evaluation

A final evaluation will be conducted in February/March 2021 by an independent external evaluation reviewer, in order to assess relevance, effectiveness, efficiency and impact using standard protocols. Achievement of SDG targets and other goals and targets linked to the CCS strategic agenda will be measured.

There are four main objectives for the final evaluation:

- To assess the relevance and overall outputs, outcomes and impact of the six Priority Programmes in relation to national health priorities.
- To identify lessons learnt in terms of planning, implantation and approach:
  - Channelling of funds into priority areas.
  - Quality of activities.
  - Intersectoral collaboration.
  - Roles played by WHO and MoPH in the process.
- To suggest improvement for the formulation process of the CCS for 2022-2026.

The final evaluation will also determine the extent to which the CCS 2017-2021 strategic priorities were incorporated into or influenced the NHPSP and the UN Development Assistance Framework and affected the work in the country of other development partners towards achieving the SDGs.

A final report will be submitted to the Coordinating Sub-Committee.

Chapter III

4. Integration of cross-cutting areas: Gender, Equity and Human Rights

Thailand's commitment to the mainstreaming of Gender, Equity and Human Rights (GER) runs in compliance with 2016 SDG goals three, six, ten and seventeen and is crucial in "leaving no one behind". This is in consonance with Thailand's strong commitment to achieve SGD goals. A GER-sensitive monitoring is a systematic and objective assessment of the design and planning (objectives, results pursued, activities planned), the implementation and results of an ongoing activity, project, programme or policy from a GER perspective. This includes data collection and information based on the defined GER objectives and indicators, in order to verify whether the plan is being followed and whether the objectives are being achieved. Hence, it is a cross-cutting issue in the 2017-2021 CCS and is monitored as so, with specific indicators for each of the six Priority Programmes.

GER indicators assess accountability, results, oversight, human and financial resources and capacity.

- Humans rights based indicators assess the extent to which activities contribute to the capacity of right-holders to claim rights and duty-bearers to fulfil their obligations.
- Gender perspective indicators analyse the underlying gender bias present in health policies or outcomes influenced by gender roles and cultural implications for both men and women. They assess whether men and women benefit equally from

policies, but also the gender triggering factors for inequalities, thus aiming to avoid perpetuation.

- Equity is defined as the absence of avoidable differences among populations or groups defined socially, economically, demographically or geographically and overarches the other two. Indicators that measure inequality are those that asses imbalances in access to resources, difference in outcomes or even lack of data availability for these population groups.

GER indicators monitor mainstreaming at the institutional and programmatic levels. Examples of GER mainstreaming indicators can be seen in Annex 9.